

IDAHO DEPARTMENT OF LABOR
New Employee Acknowledgement Form

NAME: _____

POSITION: _____ COST CENTER: _____

I certify that I am knowledgeable about the following policies of the [Human Resources Policy Manual](#) of the Idaho Department of Labor and agree to uphold them. I also acknowledge that I am accountable for knowing the policy manual in its entirety.

Policy	Paragraphs
Due Process	2550-2566
Overtime/Compensatory Time	3020-3080
Family and Medical Leave Act	3184-3195
Employee Conduct	3700-3896
Problem Solving	3900-3954

I certify that I have accessed, read and am familiar with the following policies in the Communications Policy Manual as well:

- [Computer, Internet, E-Mail, Instant Messaging and Social Networking Policy \(sections 1200-1299\)](#)
- [Public Information and Disclosure Policy \(sections 800-899\)](#)

I certify that I have accessed, read and am familiar with the [Equal Opportunity & Nondiscrimination Policy Manual](#).

I understand that if I have questions regarding a policy or procedure, I will contact my supervisor and/or Human Resources.

I understand that as a new employee, I am required to complete required training for the Department. These trainings include but are not limited to New Employee Orientation facilitated by Human Resources, new employee modules on Learning Central and any training requested by my supervisor relating to my position duties and responsibilities.

Selective Service Certification (Applies to Male Employees Only)

- I certify that I am in compliance with the provisions of the Selective Service Act (50 U.S.C. Appendix, War and National Defense Sections 451-473) and Idaho Code 45-504

Employee Signature

Date